

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		1ST AMENDMENT		2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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TOTAL IND.	3					
TOTAL DEP.	12	→	→	→		
TOTAL CLAIMS	15	██████████	██████████	██████████	██████████	██████████

	IND		DEP		IND		DEP		IND		DEP	
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TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████	██████████	██████████	██████████	██████████	██████████	██████████